

THE BAKING OVEN

By CHARLOTTE EHRLICHER, R.N.

Superintendent of Nurses, German Hospital and Dispensary, New York City

THE baking oven which has been in use in the German Hospital for over three years is shown in the accompanying illustrations with a patient in it. It is used for cases of rheumatism and nephritis, for gynæcological cases where there is pelvic congestion, in fact for all cases where it is desirable to produce activity of the skin and lower the blood-pressure.

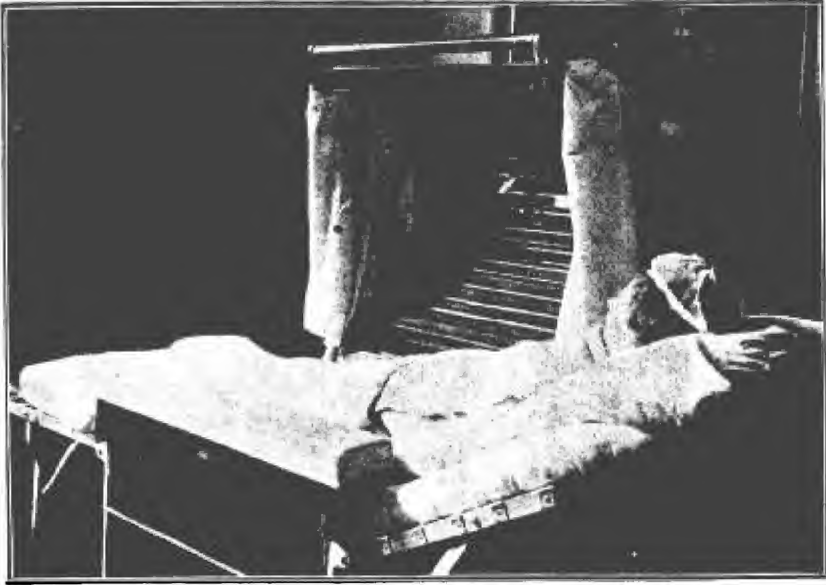
The oven stands in a room assigned for that purpose, which contains no other furniture except a couch, a chair, and two smaller ovens for baking single joints, such as the knee. The nurse takes the patient in a chair or on a stretcher to this room, taking with her an ice-bag for the patient's head, blankets in which to wrap the patient, alcohol and towels with which to rub her, and a bottle of seltzer. After the patient is wrapped in the blanket, the cover is closed, and canvas curtains at each end are tucked in to retain the heat. The gas is lighted below, and a thermometer inserted above between the two little chimneys. The patient remains in the oven from three-quarters of an hour to one hour, at an average temperature of 200° F. to 250° F. Some patients, after frequent treatment, can stand heat of 300° and over. A nurse remains with the patient, and the pulse is watched but is not recorded unless so ordered. Stimulants are at hand in a nearby medicine closet, otherwise they too would be taken into the room. The results have been so satisfactory that the oven is kept constantly in use.

SCHOOL NURSING IN NEW YORK CITY

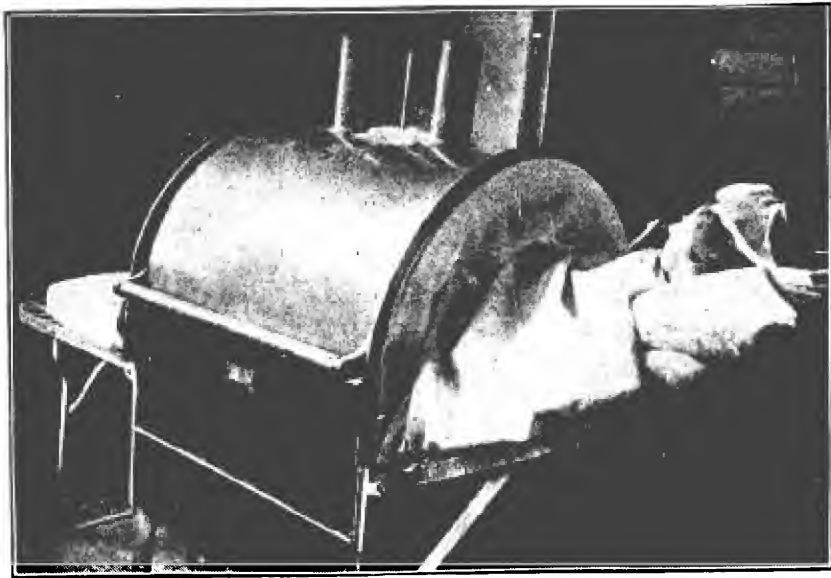
By ANNA W. KERR, R.N.

Graduate of Bellevue Training School; Superintendent of School Nurses for the Department of Health

THE medical inspection of school children in New York employs a force of 156 inspectors and 141 nurses. Beginning as it did with the idea of preventing the spread of minor and major contagion in the schools, with the advance in the study of child life it now includes, first, the physical examination of each pupil by the medical inspector



THE BAKING OVEN, OPEN



THE BAKING OVEN, CLOSED.

for the discovery of defects which may impede the child's progress in school, prevent his normal development, or cause him needless suffering; and second, the constant instruction by the nurse of both children and parents in the laws of hygiene and the necessity of preventive and corrective measures for physical defects. The successful carrying out of this system requires the thorough co-operation of principals, teachers, parents, doctors, and nurses for its best results.

This is comparatively a new field for the work of the nurse, and it demands a thorough general training, endless patience and tact, training as a social worker, a knowledge of the laws governing living conditions in the city, thorough acquaintance with all hospitals, dispensaries, and charitable agencies and the constant study of hygiene in all its branches. Her work is in great measure instructional, for it is no part of the system to supply care of the sick by trained nurses but to demonstrate and instruct mothers and children in the first principles of health. If the endless repetitions and the monotony of it are wearing, they are counteracted by the hopeful nature of the work, which is only in its infancy.

As Greater New York includes schools in the rural parts of Richmond and Queens boroughs, the work must necessarily be modified by conditions, but the working plan is the same in all of the 458 schools included in the system.

Take, for an example, a large model school of 2500 children in a crowded Italian district, whose influence for good is felt throughout the neighborhood and whose principal takes the keenest interest in every detail of the school work. The nurse working in this district has two schools to look after. She reports for duty each day at nine o'clock and the morning hours are divided between the two. The school nurse's uniform consists of white apron with bib and badge as nurse of the Health Department. In a room assigned to her for that purpose she receives and treats or instructs all children sent to her by the inspector and those referred to her by principal or teachers. The treatment cases are limited in number and according to a regular formula, as it is done more as a demonstration to the child or the parent as to how to care for themselves. Demonstrations even include washing the hands and the proper cleaning of the teeth. Cases needing continued treatment are referred for house or dispensary care.

Instruction for physical defects is done singly or in groups, and circulars on the care of the hair and teeth are given to each child to take home.

Class or routine inspection is inaugurated at the beginning of the term by the inspectors and kept up by the nurse at intervals. At these

inspections, the eyes, hair, skin, mouth, and throat are examined, the child being instructed to take such a position that he need not be handled. Several classes can be inspected daily, the names of the children needing treatment being placed on an index card and kept there under the nurse's observation until the child is well, and the name discharged from the list.

A certain number of children found on examination to have defects are turned over to the nurse each day, and notices sent to the parents that such defects have been found and advising that the child be taken to a physician. In some cases the notice to the parent is all that is necessary, the child being put under treatment by the family physician and report to that effect sent to the principal. The careless, the indifferent, or those who are not able to afford the expense of remedying the defects are the nurse's care. The parents are summoned to the school for a consultation with the school nurse and are instructed by her. Much of this work can be done in the schools, but several hours a day must be devoted by the nurse to the home visits, where her best work is done. There are many pitfalls in the way. She must not diagnose cases, she must not interfere with any physician's practice, etc., she must not antagonize the family, and she must know their language, understand their customs, and respect their pride, and she must see that the defects are corrected, glasses supplied, that tea and coffee are cut out of a child's diet and milk and eggs substituted. These things she does, and is rewarded by the gain in the child's condition.

At a given signal children whose names have been previously sent to the teachers go to the medical room to see the inspector. At another signal those who are to see the nurse are excused. Each child carries with him a card, which is stamped by inspector or nurse, showing that the child has been treated or instructed and accounting for absence from the class-room. This is a most methodical way and saves endless confusion and is satisfactory to both teachers and nurses.

Some opposition is met with, much ignorance and indifference have to be overcome, but the results are satisfactory. During the school year of 1908-1909, about 300,000 children were given a complete physical examination by the inspectors. Three-quarters were found to be suffering from some non-contagious physical defect and of this number more than half had treatment provided by their parents. These figures show the magnitude of the work and the results due to the nurse's efforts. It is plain that in this branch of municipal health work there is a broad field for the nurse.